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APPLICANTS

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 ** CONTINUING DATA *****
 This appln claims benefit of 60/251,481 12/05/2000

mm
 ** FOREIGN APPLICATIONS *****
none

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>mm</i> Examiner's Signature Initials	STATE OR COUNTRY WI	SHEETS DRAWING 1	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 8
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TITLE
 Receptor for B. anthracis toxin

FILING FEE RECEIVED 1308	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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